

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045608

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11110

STATE FILE NUMBER

FILED NOV 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

St Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St Anthony Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY OR TOWN

St Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

2918 Magnolia Ave

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Caroline

Immken

4. DATE OF DEATH

Month

Day

Year

Nov

11

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/9/1885

9. AGE (last birthday)

78

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Dress Maker

11. BIRTHPLACE (City and state or country)

Missouri

U S A

13a. FATHER'S NAME

Herman Schottell

13b. MOTHER'S MAIDEN NAME

Kathryn Vorst

14. NAME OF HUSBAND OR WIFE

Herman Immken

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

Norbert Immken 2812 Pennsylvania

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage

12 days

DUE TO (c)

Atrial fibrillation

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

331X

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

9.30

A.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

Nov 14 1963

Resurrection Cemetery

St Louis Co

Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thomas Kutis 2906 Gravois

NOV 12 1963

Neal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

STATE AMENDED

VS 300
Rev. 4/59

1

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73

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Glavin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Donohoe Dr.
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